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Complete if Known Substitute for form 1449/PTO Application Number 09/695,493 Filing Date October 24, 2000 INFORMATION DISCLOSURE First Named Inventor Olgaard STATEMENT BY APPLICANT Art Unit 2157 (Use as many sheets as necessary) Examiner Name H.A. El-chanti Attorney Docket Number 11602.00.0004 01 1 Sheet 1

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Examiner Initials	Cite No.1	Occument Number  Number-Kind Code <sup>2 of knowns</sup>	Publication Date MM-0D-YYYY	Name of Paterties or Applicant of Cited Document	Pagos, Columns, Lines, Where Refevant Passages or Ralevan Figures Appoar
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